Henna (J. J.)

MALARIAL METRORRHAGIA.

BY

J. J. HENNA, M.D.,

Physician to the French Hospital, New York; Fellow of the New York Academy of Medicine; Member of the Medico-Legal Society; of the Medical Society of the County of New York, etc., etc.

Reprinted from the Medical Gazette of December 2, 1882.

NEW YORK:
BERMINGHAM AND COMPANY,
UNION SQUARE.

MALARIAL METRORRHAGIA.*

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J. J. HENNA, M.D.,

Physician to the French Hospital, etc.,

In this short paper, I desire to call the attention of the members of this society to a phenomenon which perhaps they may have noticed in their practice, but which to my knowledge, has not yet been brought to the notice of the profession. I refer, as the title of my paper indicates, to cases of metrorrhagia caused by the malarial poison.

In a frank case of intermittent or other malarial fever, it might not perhaps strike us as being a matter of great surprise, to meet with uterine hæmorrhage during the course of the disease, and treatment directed to the primary affection would also lead to a subsidence of the concomitant symptom. But as we all know, malarial poisoning assumes an almost infinite variety in its manifestations, and it sometimes becomes an extremely difficult problem to decide in an individual case as to the cause or nature of a symptom, which may be the only phenomenon presented to our observation, and which, usually, when met with, is due to other causes. The difficulty of solution of a problem frequently depends upon the standpoint from which we view it, or the aspect which it presents to us, and so it is in the present instance. A case of uterine hæmorrhage presenting itself as such would raise in our minds the thought of perhaps a dozen or more different causes, but would not be likely to suggest at all the idea that it might be due to malarial influence. Though if we met with a case of fever and ague, in which, beside the

*Read before the East River Medical Association, Nov. 14th 1882.

chill, fever and sweat, there was a periodical bleeding from the womb, we would have no hesitation in at once recognizing the cause and remedying the difficulty.

Isolated symptoms, however, of disease generally presenting well characterized manifestations, are very apt to be mistaken, and the true cause to be overlooked, and I think that, perhaps, the clinical histories here related may enlighten us somewhat on a subject, which, as was previously remarked, has been either unknown or entirely neglected by those who look on it from their own peculiar standpoint, a point of view, moreover, from which it would be most likely to be observed, namely, the gynæcological.

Mrs. S., a native of the U. S., 36 years of age, married fourteen years; no children. Her menses appeared when thirteen, and have always been very regular up to two years ago, when she suffered from intermittent hæmorrhages as at the present time. Is quite emaciated, weighing only 95 pounds, pale and very depressed in spirits. Has been treated by a specialist for uterine displacement, to which the doctor attributed her sterility. Two weeks before she called on me she noticed that her courses had come three weeks earlier than expected, and that she would be taken sick about four o'clock every afternoon, and at or about eight o'clock in the evening she would again be well. Associated with this trouble she felt pain in the region of the uterus, which she compared to the pains in the temples from "tic douloureux," *i. e.*, like neuralgic pains; felt chilly and desired to lie down. Her appetite, which was never very good, was less than usual. But she felt better in the morning and could not understand why she should be taken unwell every day, and for a few hours only. On examination (ten o'clock in the morning), I found the uterus anteflexed and slightly enlarged, but not extra sensitive to the touch. With the speculum I perceived no high coloration of the cervix, and the sound passed in with very great difficulty. There was neither granular nor cystic degeneration of the cervix, and independent of a slight mucous discharge, I considered her in as good a condition as her anteflexed uterus would permit. I therefore

concluded that she was suffering from that form of metrorrhagia which I had before met, and which I could not classify among those usually recognized. Ordered injections of hot water, rest, ergot and nux vomica. Two days later, she called again, to say she felt no better, and repeated her original remarks: that she was well until about four o'clock in the afternoon, but after that hour she felt the pain in the uterus, chilliness, and the flow began. On her previous visit she had neglected to mention that, two years before, she had, at her husband's suggestion, taken a sea voyage, in the hope that it might bring the relief to her distressing symptoms which all the means which she had tried had failed to do. *To her surprise this gave her complete relief, and she returned home entirely well.* She was the more anxious and worried about her condition at the present time, as it would very seriously inconvenience her to repeat the trip, and she had no hope of relief in any other way. This most important information—her recovery after the sea-voyage, associated with the periodicity of the hæmorrhage—suggested to my mind the idea of malaria. I therefore resolved to try the usual method of combating that protean intruder, and began with a full dose of quinine. Twenty grains were administered at bed-time, and ten early in the morning. The drug showed no clemency to the poor lady's shattered nervous system, I found her at 5 o'clock in the afternoon entirely cinchonized, trembling as in paralysis agitans, deaf and in a high degree of hyperkenesis. *But there was no hæmorrhage.* Ordered food to be taken at once, believing as I do, that more good is obtained from food in cases of cinchonism than from the empirical dose of bromide, and promised to return the next morning. I called at eleven A. M., and to my discouragement I heard that about nine A. M. the flow had begun again. The fact that I had been able to postpone the attack, however, gave me renewed hope of success at my next attempt to stop it. I ordered the same dose of quinine, 20 grains, to be taken as soon as the flow stopped. At 12 o'clock there was no more blood, and she took the quinine, and also 10 grains the next morning. The day passed and there

was no hæmorrhage. Ten grains more of quinine at night, and ten the next morning, as much food as she could take to mitigate cinchonism, the battle was gained, and I was enabled to carry to my book of record an interesting observation which I had never heard of before. She continued to take small doses of quinine for a week longer, and her appetite returning, she was again reëstablished in her usual health. Six weeks after, however, I had her again on my hands with a similar attack, but this time the quinine did its work quickly, and to prevent further recurrence of the same, on my advice she removed from the premises where she was living, and since then, about a year and a half, she has had no return of the trouble.

The second case was a Cuban, Mrs. R., 24 years of age, married eight years, two children, the youngest 4½ years old, now sterile, probably on account of a very severe form of cervicitis associated with a small laceration of the cervix. The first time she noticed the hæmorrhage was while in the country a year ago last Summer, at Rahway, N. J. Towards evening she felt pain in the uterus, a flushed face, palpitation of the heart, prostration and chilliness, and then a few drops of blood would show themselves for a few hours. After a while the symptoms began earlier and earlier, until she had two attacks in one day very much resembling the anticipating type of our malarial fevers.

Encouraged by my former case, and the periodicity being so well marked, I lost no time in combatting it as of malarial origin, and, after a full dose of quinine and the continuance of the anti-pyretic drug for a few days, she was again restored to her usual health; but I warned her to leave that little cradle of paludal poison lest she might get a more formidable and less tractable type, which would baffle our most energetic efforts.

The third and last case, is that of Mrs. McC., an American of Irish parentage, widow, 38 years of age, and of robust and plethoric constitution, the mother of one child, a boy 17 years old. This case had the peculiarity that the uterine hæmorrhage alternated with attacks of epistaxis, but the periodicity was never

well established ; at least I was never able to ascertain whether it was the quotidian, tertian or quartan type. It was, however, sufficiently marked to put me on the track of its cause, and the sulphate of quinine, as in the preceding cases, did its work well, and in a short time.

I have been trying to recall to my mind other cases which came within my observation before I had the idea of treating them under the new light, but I had not the curiosity of recording them, and so will devote the rest of the time allowed me, to examine into these three, the history of which I think will speak louder than my remarks. In case No. 1, I will call your attention to the very important fact that gave me the idea of the true origin of this curious complaint. I refer to that part of its history in which the patient informed me of the *complete relief* which she had experienced upon taking a sea-voyage after medicines had failed. That *sea-trip* was the equivalent to the subsequent treatment by the sulphate of quinine. Remove the patient from the infectious influence or neutralize the poison absorbed, the end will be the same. That sea-trip, therefore, was the key to the whole puzzle, and to it am I indebted for success in the subsequent cases.

We all know that malarial poisoning takes place through the circulation, be it by inspiration or by absorption of *bacteria* and *fungi* introduced into the stomach with the food and drink. "The blood," as says Hurtz, "is only the vehicle for the poison which, by hyperæmia and destruction of blood corpuscles in such organs as are disposed thereto, may occasion at such points, the local development of pigment matter." We have recognized congestion in almost all the viscera due to malarial poison. The spleen I believe to be the favorite one. Then the liver, the lungs, the brain, the stomach. The mucous membranes are also favorite places of malarial congestion.

Assuming Hurtz's supposition to be correct, we may explain the influence of malaria in producing the phenomena in question, that by paralyzing the vaso-motor nerves, in the coats of the vessels of the uterus,

a hyperæmic condition is produced; then, again, to the influence it exerts on the red corpuscles, which disintegrates and transforms them into pigment, and to the diminution of the albuminoid elements,the nutrition of the walls of the blood-vessels is therefore lowered, and they are consequently exposed to breaking. But how does malaria produce this vaso-motor paralysis? It is an accepted theory that the pigment matter produced by malarial poison in the blood has a predisposition for the capillaries, and as it carries with it the poison, penetrates their walls and forms true capillary aneurisms, which in their turn press upon the nerves and paralyze them. Or we may have œdema exerting a like influence over the nerve peripheries. These cases, I hold, elucidate the fact, that metrorrhagia is sometimes produced by malaria, and exemplify how some cases of that affection may be remedied, which otherwise would baffle our efforts for relief.